


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90246 030 ***150.00

DOCUMENT # P02000013785 1. Entity Name MTS MARINE TECHNOLOGY SUPPLY, INC.					
Principal Place of Business 8513 N.W. 68TH STREET MIAMI, FL 33166			Mailing Address 8513 N.W. 68TH STREET MIAMI, FL 33166		
2. Principal Place of Business 2239 SW 126TH Ave Suite, Apt. #, etc.		3. Mailing Address 2239 SW 126TH Ave Suite, Apt. #, etc.			
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 75-2993318	
Zip 33027		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOES, MARIA E 18123 SW 20TH STREET MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2239 SW 126TH Avenue City MIRAMAR FL Zip Code 33027	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOES, MARIA E 18123 SW 20TH STREET MIRAMAR, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2239 SW 126 TH Avenue MIRAMAR FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOES, FERNANDO 18123 SW 20TH STREET MIRAMAR, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2239 SW 126 TH Avenue MIRAMAR FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Maria E. Goes</i></u> 5/1/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					